

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	19x	67814	9/21/00
O.I.P.E. CLASSIFIER		21	9/12/00
FORMALITY REVIEW	CVF	6785	10/12/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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